

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Office Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 3096	2 Fiscal Year Covered From 01/01/2004 Through 12/31/04
3 Name and address of person filing Name DARIO BOCCAROSSA P O Box Bldg Room No if any Street 86 DUKE DR City CARMEL State N.Y. ZIP Code + 4 10512	4 Name file number and address of labor organization Name LABORERS LOCAL 235 Labor Organization File Number 530-706 P O Box Building and Room Number if any Street 41 KNOLLWOOD ROAD City ELMSFORD, NY State N.Y. ZIP Code + 4 10523
5 Position in labor organization BUSINESS MANAGER/SECRETARY TREASURER, TRUSTEE	

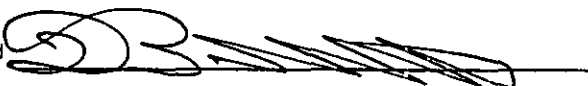
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed



On

Date

8/19/05

Telephone Number

914 592-3020

Name of Person Filing DARIO BOCCARDISSA	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any) Name <u>SECAL CO.</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>ONE PARK AVE</u> City <u>NEW YORK, NY</u> State <u>N.Y.</u> ZIP Code + 4 <u>10016</u>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input checked="" type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>ACTUARY</u> 11 b Approximate dollar value of such dealing <u>66,850.00</u> 12 a Nature of interest held or income received <u>LUNCH</u> 12 b Amount <u>73.00</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment.
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing DARIO BOCCAROSSA	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>BANK OF AMERICA/FLEET</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>1185 AVENUE OF THE AMERICAS</u></p> <p>City <u>NEW YORK</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>10036</u></p>	<p>9 Business deals with</p> <p style="margin-left: 20px;">a Labor Organization _____</p> <p style="margin-left: 20px;">b Trust _____</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p style="font-size: 1.2em;"><u>CUSTODIAL</u></p> <hr/> <p>11 b Approximate dollar value of such dealing <u>52,860.00</u></p> <hr/> <p>12 a Nature of interest held or income received</p> <p style="font-size: 1.2em;"><u>LUNCH + DINNER</u></p> <hr/> <p>12 b Amount <u>200.00</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer _____ or Consultant <u>?</u></p>	<p>14 b Amount of payment</p>

Name of Person Filing DARIO BECCAROSSA	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>LAZZARD INVESTMENT</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>30 ROCKWELL PLAZA</u></p> <p>City <u>NEW YORK, NY</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10112</u></p>	<p>9 Business deals with</p> <p style="margin-left: 40px;">a Labor Organization</p> <p style="margin-left: 40px;">b Trust</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing <u>INVESTMENT MANAGER</u></p> <hr/> <p>11 b Approximate dollar value of such dealing <u>\$0,547.00</u></p> <hr/> <p>12 a Nature of interest held or income received <u>DINNER / GOLF</u></p> <hr/> <p>12 b Amount <u>200.00</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing DARIO BOCCAROSSA	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name LOCAL 235 BENEFIT AWARDS</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street 41 KENNELWOOD RD</p> <p>City CAMSFORD, CT</p> <p>State N.Y ZIP Code + 4 10523</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p>PROVIDES BENEFITS TO LOCAL 235 MEMBERS</p> <p>11 b Approximate dollar value of such dealing N/A</p> <p>12 a Nature of interest held or income received EDUCATIONAL CONFERENCE, REGISTRATION, HOTEL MEAL, GOLF / CHRISTMAS PARTY</p> <p>12 b Amount 5,625</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>